

Data Management Report

April 2016

Data Management Report

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A Demographics for HCBS Waiver Recipients

Data Source:

The source of this data is CS Tracking. "Monthly active participants" indicates the # of active cost plans for the last day of the reporting month. The "Unduplicated waiver participants" is a calendar year count of total waiver participants from Jan 1 to the last day of the reporting month. It refers to 1915c HCBS Waiver application(s) which state that DIDD has specified as unduplicated participants as the "maximum number of waiver participants who are served in each year that the waiver is in effect."

Statewide Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1	East	1943	1951	1950	1953	1962	1963	1957	1962	1957			
2	Middle	1888	1890	1884	1892	1889	1889	1889	1888	1892			
3	West	1084	1086	1091	1092	1097	1101	1095	1104	1113			
4	Statewide	4915	4927	4925	4937	4948	4953	4941	4954	4962	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Approved waiver participants per calendar year.		5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072	5072
5	Unduplicated waiver participants.	4947	4976	4981	4998	5024	5043	4967	4989	5019			
6	# of slots remaining for calendar year	125	96	91	74	48	29	105	83	53	5072	5072	5072

CAC Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
7	East	515	518	515	513	514	509	508	506	505			
8	Middle	554	551	549	551	550	544	542	541	538			
9	West	747	748	748	745	744	742	740	744	743			
10	Statewide	1816	1817	1812	1809	1808	1795	1790	1791	1786	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
11	Approved waiver participants per calendar year.	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923	1923
12	Unduplicated waiver participants.	1828	1830	1831	1833	1838	1838	1797	1801	1801			
13	# of slots remaining for calendar year	95	93	92	90	85	85	126	122	122	1923	1923	1923

SD Waiver Monthly Active Participants		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
14	East	386	389	396	396	402	405	405	412	406			
15	Middle	441	443	449	451	456	457	456	460	459			
16	West	337	335	337	339	339	338	342	341	345			
17	Statewide	1164	1167	1182	1186	1197	1200	1203	1213	1210	0	0	0

Calendar Year Unduplicated Participants (Jan 1 to last day of reporting month)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
18	Approved waiver participants per calendar year.	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802	1802
19	Unduplicated waiver participants.	1202	1215	1234	1247	1259	1266	1212	1228	1241			
20	# of slots remaining for calendar year	600	587	568	555	543	536	590	574	561			

The Census for "Full State Funded Services" means the person only receives state funded services, without waiver or ICF funded services. This does not include class members receiving state funded ISC services who reside in nursing facilities.

DIDD Demographics Full State Funded (CS Tracking)		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
21	East	4	4	4	4	4	4	4	4	4			
22	Middle	1	1	1	1	1	1	1	1	1			
23	West	1	1	1	1	1	1	1	1	1			
24	HJC FAU (Forensic)	6	5	5	5	5	5	3	5	6			
25	HJC BSU (Behavior)	4	4	4	4	3	4	4	4	3			
26	Statewide	16	15	15	15	14	15	13	15	15	0	0	0

The Census in the table below represents members of a protected class who are in a private ICF/IID facility and receive DIDD state funded ISC services.

DIDD recipients in private ICF/IID receiving state funded ISC srvs		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
27	East	63	63	64	64	61	63	62	62	61			
28	Middle	32	30	32	36	39	40	39	40	39			
29	West	0	0	0	0	0	0	0	0	0			
30	Statewide	95	93	96	100	100	103	101	102	100	0	0	0

Developmental Center census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
31	GVDC	86	84	81	75	68	68	68	67	66			
32	CBDC	15	6	6	6	0	0	0	0	0			
33	HJC- Day One (ICF)	5	6	6	6	6	6	6	5	6			
34	Total	106	96	93	87	74	74	74	72	72	0	0	0

DIDD community homes ICF/IID census		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
35	East	63	63	63	63	63	61	61	61	63			
36	Middle	18	28	28	28	34	34	34	35	35			
37	West	48	48	48	48	48	48	48	46	47			
38	TOTAL	129	139	139	139	145	143	143	142	145	0	0	0

DIDD SERVICE CENSUS*		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
39	Total receiving DIDD funded services	8241	8254	8262	8273	8286	8283	8265	8289	8290	0	0	0

*Note: Persons NOT included in this Census are those in Private ICF/IID facilities who do not receive any PAID DIDD service and persons receiving Family Support Services.

Census by Region	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
East	3060	3072	3073	3068	3074	3073	3065	3074	3062			
Middle	2964	2964	2964	2980	2983	2980	2974	2979	2979			
West	2217	2218	2225	2225	2229	2230	2226	2236	2249			
Total	8241	8254	8262	8273	8286	8283	8265	8289	8290			

A Waiver Enrollment Report

Data Source:

The figures represented in this section are pulled directly from the Community Services Tracking system. Enrollment figures may be updated monthly as there is a 2 month window of time in which enrollments are entered into the CST system. Disenrollment data is also based on queries pulled from CST and may also have a window of adjustment for data entry.

ALL Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
1 CAC	1	2	1	2	5	0	2	3	0				16
2 SD Waiver	12	13	19	13	12	7	13	14	12				115
3 Statewide Waiver	23	20	15	18	26	19	9	22	29				181
4 Total Waiver Enrollments	36	35	35	33	43	26	24	39	41	0	0	0	312
CAC Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
6 East	1	2	0	1	4	0	0	0	0				8
7 Middle	0	0	1	0	1	0	2	0	0				4
8 West	0	0	0	1	0	0	0	3	0				4
9 Grand Total CAC Waiver	1	2	1	2	5	0	2	3	0	0	0	0	16
SD Waiver Enrollments													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
10 East	3	5	7	3	6	4	6	9	1				44
11 Middle	6	6	7	5	5	3	2	3	3				40
12 West	3	2	5	5	1	0	5	2	8				31
13 Grand Total SD Waiver	12	13	19	13	12	7	13	14	12	0	0	0	115
SD Waiver Aging Caregiver													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Aging Caregiver is included in Total	0	2	2	0	2	2	3	4	0				15
SD Waiver Count Above	0	1	0	2	1	0	0	0	1				5
	0	1	2	0	1	0	2	0	1				7
Total	0	4	4	2	4	2	5	4	2	0	0	0	27
Statewide Waiver Enrollments by Referral Source													
Crisis													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
14 East	5	2	3	1	11	2	1	5	5				35
15 Middle	2	6	4	4	2	1	6	3	3				31
16 West	3	5	4	3	1	5	0	5	4				30
17 Total	10	13	11	8	14	8	7	13	12	0	0	0	96
Secondary Enrollment Source of Crisis:													
APS													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
18 East	0	1	0	1	1	0	0	0	0				3
19 Middle	0	1	1	0	0	0	0	0	0				2
20 West	0	0	0	1	0	0	0	0	0				1
21 Total	0	2	1	2	1	0	0	0	0	0	0	0	6
CHOICES													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
22 East	0	0	0	0	0	0	0	0	0				0
23 Middle	0	0	1	0	0	0	0	0	0				1
24 West	0	0	0	0	0	0	0	0	0				0
25 Total	0	0	1	0	0	0	0	0	0	0	0	0	1
CORRECTIONAL FACILITY													
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
26 East	0	0	0	0	0	0	0	0	0				0
27 Middle	0	0	0	0	0	0	0	0	0				0
28 West	0	0	1	0	0	0	0	1	0				2
29 Total	0	0	1	0	0	0	0	1	0	0	0	0	2

APS, CHOICES and Correctional Facility categories are included in the CRISIS count above. These are Secondary Enrollment Categories.

	DCS Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
30	East	1	0	0	1	2	2	1	2	0				9
31	Middle	4	0	0	0	0	0	0	0	2				6
32	West	0	1	1	2	1	0	0	0	2				7
33	Total	5	1	1	3	3	2	1	2	4	0	0	0	22
	DC Transitions into Statewide	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
34	GVDC	0	0	0	0	0	0	0	0	0				0
35	HJC	0	0	0	0	0	0	0	0	0				0
36	Total	0	0	0	0	0	0	0	0	0	0	0	0	0
	ICF Transfer Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
37	East	1	1	0	0	0	0	0	0	0				2
38	Middle	0	0	0	0	0	0	0	0	0				0
39	West	1	0	0	0	3	0	0	0	1				5
40	Total	2	1	0	0	3	0	0	0	1	0	0	0	7
	MH Enrollments	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
41	East	1	1	0	1	0	0	0	1	1				5
42	Middle	0	0	0	1	0	1	0	0	0				2
43	West	0	0	1	2	2	2	0	0	1				8
44	Total	1	1	1	4	2	3	0	1	2	0	0	0	15
	PASRR NON NF	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
45	East	0	0	0	0	0	1	0	1	0				2
46	Middle	0	0	0	0	0	0	0	0	0				0
47	West	0	0	0	0	0	0	0	0	0				0
48	Total	0	0	0	0	0	1	0	1	0	0	0	0	2
	PASRR in NF	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
49	East	1	0	0	1	0	1	0	1	0				
50	Middle	2	0	0	0	0	2	0	0	0				
51	West	0	0	0	0	0	0	0	0	0				
52	Total	3	0	0	1	0	3	0	1	0	0	0	0	8
	SD Waiver Transfers	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
53	East	1	0	1	0	1	0	0	2	6				11
54	Middle	0	3	0	1	2	1	1	0	2				10
55	West	1	1	1	1	1	1	0	2	2				10
56	Total	2	4	2	2	4	2	1	4	10	0	0	0	31
	Total by Region	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
57	East	10	4	4	4	14	6	2	12	12				68
58	Middle	8	9	4	6	4	5	7	3	7				53
59	West	5	7	7	8	8	8	0	7	10				60
60	Grand Total Statewide Waiver	23	20	15	18	26	19	9	22	29	0	0	0	181

Analysis

There were 41 waiver enrollments for March 2016. Twelve people enrolled into the SD waiver, of those, two were under the Aging Caregiver bill. Twenty-nine people enrolled into the Statewide waiver. There were zero CAC enrollments.

B Waiver Disenrollments

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
CAC Waiver													
61 Voluntary	0	0	1	0	0	0	0	0	0				1
62 Involuntary- Death	4	3	5	8	6	9	7	3	4				49
63 Involuntary- Safety	0	0	0	0	0	0	0	0	0				0
64 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0				0
65 Involuntary- NF > 90 Days	0	0	0	0	0	1	0	0	0				1
66 Involuntary- Out of State	0	0	0	0	0	0	0	0	0				0
67 Total Disenrolled	4	3	6	8	6	10	7	3	4	0	0	0	51
SD Waiver													
68 Voluntary	1	0	3	0	0	4	3	5	11				27
69 Involuntary- Death	0	1	2	0	1	0	0	1	1				6
70 Involuntary- Safety	0	0	0	0	0	0	0	0	0				0
71 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0				0
72 Involuntary- NF > 90 Days	0	0	0	1	0	1	0	0	0				2
73 Involuntary- Out of State	0	1	1	1	1	0	0	0	0				4
74 Total Disenrolled	1	2	6	2	2	5	3	6	12	0	0	0	39
Statewide Waiver													
75 Voluntary	4	0	0	1	2	1	2	3	3				16
76 Involuntary- Death	6	6	10	4	9	9	12	12	7				75
77 Involuntary- Safety	0	0	0	0	0	0	0	0	0				0
78 Involuntary- Incarceration	0	0	0	0	0	0	0	0	0				0
79 Involuntary- NF > 90 Days	0	0	0	0	0	0	0	0	0				0
80 Involuntary- Out of State	0	2	0	2	0	0	0	0	0				4
81 Total Disenrolled	10	8	10	7	11	10	14	15	10	0	0	0	95
82 Total Waiver Disenrollments:	15	13	22	17	19	25	24	24	26	0	0	0	185

Analysis:

For March 2016, there were 26 waiver discharges. Four people were discharged from the CAC waiver. In the SD waiver, 12 people were discharged, 10 of the 11 voluntary discharges were people who transferred to the Statewide waiver. The Statewide waiver had 10 discharges.

C Developmental Center-to-Community Transitions Report

Census reflects the number of people in the facility on the last day of the month.

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
Greene Valley													
83 Census [June 2015 88]	86	83	81	75	68	68	68	67	66				
Discharges													
84 Death	0	0	0	1	0	0	0	1	1				3
85 Transition to another dev center	0	0	0	0	0	0	0	0	0				0
86 Transition to community state ICF	0	0	1	0	0	0	0	0	0				1
87 Transition to private ICF	1	1	1	4	3	0	0	0	0				10
88 Transition to waiver program	1	2	0	1	4	0	0	0	0				8
89 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
90 Total Discharges	2	3	2	6	7	0	0	1	1	0	0	0	22
Clover Bottom													
91 Census [June 2015 18]	16	6	6	6	0	0	0	0	0	0	0	0	
Discharges													
92 Death	0	0	0	0	0	0	0	0	0	0	0	0	0
93 Transition to another dev center	0	0	0	0	0	0	0	0	0	0	0	0	0
94 Transition to community state ICF	2	10	0	0	6	0	0	0	0	0	0	0	18
95 Transition to private ICF	0	0	0	0	0	0	0	0	0	0	0	0	0
96 Transition to waiver program	0	0	0	0	0	0	0	0	0	0	0	0	0
97 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0	0	0	0	0
98 Total Discharges	2	10	0	0	0	0	0	0	0	0	0	0	12
Harold Jordan Center													
99 Census [June 2015 14]	15	15	15	15	14	15	13	14	15				
Admissions													
100 HJC Day One (ICF)	0	1	0	0	0	0	0	0	0				1
101 HJC FAU (SF)	1	0	0	0	1	0	0	2	1				5
102 HJC BSU (SF)	0	0	1	0	1	1	0	0	0				3
103 Total Admissions	1	1	1	0	2	1	0	2	1				9
Discharges													
104 Death	0	0	0	0	0	0	0	0	0				0
105 Transition to community state ICF	0	0	0	0	0	0	0	0	0				0
106 Transition to private ICF	0	0	0	0	0	0	0	0	0				0
107 Transition to waiver program	0	1	1	0	1	0	2	1	0				6
108 Transition back to community	0	0	0	0	0	0	0	0	0				0
109 Total Discharges	0	1	1	0	1	0	2	1	0				6
East Public ICF Homes													
110 Census [June 2015 63]	63	63	63	63	63	61	61	61	63				
111 Admissions	0	0	1	0	0	0	0	0	2				3
Discharges													
112 Death	0	0	1	0	0	2	0	0	0				3
113 Transition to another dev center	0	0	0	0	0	0	0	0	0				0
114 Transition to community state ICF	0	0	0	0	0	0	0	0	0				0
115 Transition to private ICF	0	0	0	0	0	0	0	0	0				0
116 Transition to waiver program	0	0	0	0	0	0	0	0	0				0
117 Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
118 Total Discharges	0	0	1	0	0	2	0	0	0				3

Middle Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
119	Census [June 2015 16]	18	28	28	28	34	34	34	35	35				
120	Admissions	2	10	0	0	6	0	0	1	1				8
Discharges														
121	Death	0	0	0	0	0	0	0	0	1				1
122	Transition to another dev center	0	0	0	0	0	0	0	0	0				0
123	Transition to public state ICF	0	0	0	0	0	0	0	0	0				0
124	Transition to private ICF	0	0	0	0	0	0	0	0	0				0
125	Transition to waiver program	0	0	0	0	0	0	0	0	0				0
126	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
127	Total Discharges	0	0	0	0	0	0	0	0	1				1
West Public ICF Homes		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	FYTD
128	Census [June 2015 47]	48	48	48	48	48	48	48	46	47				
129	Admissions	0	0	0	0	0	0	0	0	1				1
Discharges														
130	Death	0	0	0	0	0	0	0	2	0				2
131	Transition to another dev center	0	0	0	0	0	0	0	0	0				0
132	Transition to public state ICF	0	0	0	0	0	0	0	0	0				0
133	Transition to private ICF	0	0	0	0	0	0	0	0	0				0
134	Transition to waiver program	0	0	0	0	0	0	0	0	0				0
135	Transition to non DIDD srvs	0	0	0	0	0	0	0	0	0				0
136	Total Discharges	0	0	0	0	0	0	0	2	0				2

Analysis:

There was one discharge at GVDC leaving the census at 66. There was one admission to the FAU unit at HJC, and internal movement with one person moving from the BSU unit to the Day One Program. The final census was at 15 for March 2016. The Middle community homes had one admission and one discharge leaving the census at 35. The East community homes had two admissions raising the census to 63. West community homes had one admission raising the census to 47.

STATEWIDE DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	92	95	78	81	80	80	83	76	88	0	0	0
# of Urgent cases	407	396	398	396	384	376	377	371	372	0	0	0
# of Active cases	3766	3694	3651	3571	3542	3474	3433	3378	3276	0	0	0
# of Deferred cases	1975	2002	2030	2062	2085	2135	2146	2143	2182	0	0	0
Wait List Total	6240	6187	6157	6110	6091	6065	6039	5968	5918	0	0	0

June 2015 - 6277

Monthly net effect	-37	-53	-30	-47	-19	-26	-26	-71	-50		0	0
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Additions													FY Total
Crisis cases added	11	10	5	3	15	6	3	4	11	0	0	0	68
Urgent cases added	15	12	14	14	13	13	6	14	14	0	0	0	115
Active cases added	23	23	19	18	16	20	16	21	19	0	0	0	175
Deferred cases added	16	10	12	12	15	10	7	11	25	0	0	0	118
Total # Added	65	55	50	47	59	49	32	50	69	0	0	0	476

Removals

For Enrollment into the SD Waiver	8	10	19	13	21	6	14	14	12	0	0	0	117
For Enrollment into the Statewide Waiver	16	19	15	15	28	17	7	20	18	0	0	0	155
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	2	0	0	0	0	3
Moved into a Private ICF home	3	1	2	0	0	1	0	2	1	0	0	0	10
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	1	0	0	0	1
Deceased	5	4	7	1	1	3	6	3	3	0	0	0	33
Moved out of state	4	3	4	3	3	6	2	1	0	0	0	0	26
Not eligible for services	0	2	1	0	1	1	1	1	1	0	0	0	8
Other	0	1	0	1	2	1	1	1	1	0	0	0	8
Receiving other funded services	1	0	1	0	1	0	1	0	0	0	0	0	4
Requested to be removed	2	6	3	1	7	6	3	2	4	0	0	0	34
Unable to locate	64	62	28	60	13	34	23	75	78	0	0	0	437
Total Number Removed this Month	103	108	80	94	78	75	58	121	119	0	0	0	836

Monthly Snapshot

Comparison	East	Middle	West	Statewide
Crisis	27	37	24	88
Urgent	217	144	11	372
Active	1222	1032	1022	3276
Deferred	689	735	758	2182
WL Total	2155	1948	1815	5918

Added	East	Middle	West	Statewide
Crisis	2	1	8	11
Urgent	8	4	2	14
Active	7	7	5	19
Deferred	6	6	13	25
WL Total	23	18	28	69

EAST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	31	25	21	27	27	29	31	19	27			
# of Urgent cases	217	217	227	230	223	221	216	220	217			
# of Active cases	1309	1279	1269	1225	1218	1218	1218	1219	1222			
# of Deferred cases	682	684	686	688	689	689	687	686	689			
Wait List Total	2239	2205	2203	2170	2157	2157	2152	2144	2155	0	0	0

June 2015 - 2259

Net effect on Grand Total List	-20	-34	-2	-33	-13	0	-5	-8	11		0	0
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Additions													FY Total
# of Crisis cases added	3	3	3	1	5	2	1	3	2				23
# of Urgent cases added	7	6	8	11	4	4	4	8	8				60
# of Active cases added	10	12	8	8	5	10	8	7	7				75
# of Deferred cases added	8	5	5	9	4	3	1	2	6				43
Total # Added to the Wait List	28	26	24	29	18	19	14	20	23	0	0	0	201

Removals

For Enrollment into the SD Waiver	3	5	7	3	6	4	5	9	1				43
For Enrollment into the Statewide Waiver	10	8	3	5	12	7	2	12	6				65
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	0	0				0
Moved into Private ICF home	1	0	1	0	0	1	0	0	1				4

Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0	1				1
Deceased	2	3	2	0	1	1	2	1	1					13
Moved out of state	1	0	1	3	3	4	0	0	0					12
Not eligible for services	0	1	1	0	1	1	0	1	0					5
Other	0	0	0	0	0	0	0	0	0					0
Receiving other funded services	0	0	0	0	0	0	1	0	0					1
Requested to be removed	0	0	0	0	0	1	2	0	2					5
Unable to locate	32	43	11	52	8	0	6	3	1					156
Total Number Removed this Month	49	60	26	63	31	19	18	26	13	0	0	0	0	305
MIDDLE REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16		
# of Crisis cases	46	47	41	41	37	37	34	38	37					
# of Urgent cases	174	165	156	159	159	152	152	144	144					
# of Active cases	1202	1166	1161	1155	1154	1109	1101	1055	1032					
# of Deferred cases	654	683	686	685	685	730	733	727	735					
Wait List Total	2076	2061	2044	2040	2035	2028	2020	1964	1948	0	0	0	0	
June 2015 -2100														
Net effect on Grand Total List	-24	-15	-17	-4	-5	-7	-8	-56	-16		0	0	0	
Additions														FY Total
# of Crisis cases added	5	4	1	1	5	3	1	1	1					22
# of Urgent cases added	3	5	4	3	8	6	1	4	4					38
# of Active cases added	2	4	3	5	4	6	5	1	7					37
# of Deferred cases added	2	4	3	0	2	5	3	3	6					28
Total # Added to the Wait List	12	17	11	9	19	20	10	9	18	0	0	0	0	125
Removals														
For Enrollment into the SD Waiver	1	3	6	7	13	2	3	3	3					41
For Enrollment into the Statewide Waiver	3	9	6	5	8	4	5	3	4					47
For Enrollment into the CAC Waiver	0	0	0	0	1	0	0	0	0					1
Moved into Private ICF home	1	1	0	0	0	0	0	2	0					4
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0					0
Deceased	2	1	3	0	0	2	2	0	2					12
Moved out of state	3	1	1	0	0	2	1	1	0					9
Not eligible for services	0	1	0	0	0	0	1	0	0					2
Other	0	0	0	0	1	0	1	1	1					4
Receiving other funded services	0	0	0	0	0	0	0	0	0					0
Requested to be removed	1	3	2	1	1	4	1	1	2					16
Unable to locate	24	14	10	0	0	13	6	56	21					144
Total Number Removed this Month	35	33	28	13	24	27	20	67	33	0	0	0	0	280

WEST REGION DATA	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
# of Crisis cases	15	23	16	13	16	14	18	19	24			
# of Urgent cases	16	14	15	7	2	3	9	7	11			
# of Active cases	1255	1249	1221	1191	1170	1147	1114	1104	1022			
# of Deferred cases	639	635	658	689	711	716	726	730	758			
Wait List Total	1925	1921	1910	1900	1899	1880	1867	1860	1815	0	0	0

June 2015 -1918

Net effect on Grand												
Total List	7	-4	-11	-10	-1	-19	-13	-7	-45		0	0

Additions

													FY Total
# of Crisis cases added	3	3	1	1	5	1	1	0	8				23
# of Urgent cases added	5	1	2	0	1	3	1	2	2				17
# of Active cases added	11	7	8	5	7	4	3	13	5				63
# of Deferred cases added	6	1	4	3	9	2	3	6	13				47
Total # Added to the Wait List	25	12	15	9	22	10	8	21	28	0	0	0	150

Removals

For Enrollment into the SD Waiver	4	2	6	3	2	0	6	2	8				33
For Enrollment into the Statewide Waiver	3	2	6	5	8	6	0	5	8				43
For Enrollment into the CAC Waiver	0	0	0	0	0	0	0	2	0				2
Moved into Private ICF home	1	0	1	0	0	0	0	0	0				2
Moved into DIDD ICF home	0	0	0	0	0	0	0	0	0				0
Deceased	1	0	2	1	0	0	2	2	0				8
Moved out of state	0	2	2	0	0	0	1	0	0				5
Not eligible for services	0	0	0	0	0	0	0	0	1				1
Other	0	1	0	1	1	1	0	0	0				4
Receiving other funded services	1	0	1	0	1	0	0	0	0				3
Requested to be removed	1	3	1	0	6	1	0	1	0				13
Unable to locate	8	5	7	8	5	21	11	16	56				137
Total Number Removed this Month	19	15	26	18	23	29	20	28	73	0	0	0	251

D Protection From Harm/ Complaint Resolution

Data Source:

Each Regional Office inputs all complaints information into COSMOS as each complaint is received. Every month a data report is generated which includes Complaint Information captured by each complaint type and the source of each complaint. The data will be presented by waiver instead of by region.

Complaints by Source- Self Determination Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
1 Total # of Complaints	0	1	1	0	0	1	0	1	0			
2 # from TennCare	0	0	0	0	0	0	0	0	0			
3 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
4 # from a Concerned Citizen	0	0	0	0	0	0	0	1	0			
5 % from a Concerned Citizen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	100%	N/A			
6 # from the Waiver Participant	0	0	0	0	0	0	0	0	0			
7 % from the Waiver Participant	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
8 # from a Family Member	0	1	1	0	0	0	0	0	0			
9 % from a Family Member	N/A	100%	100%	N/A	N/A	N/A	N/A	N/A	N/A			
10 # from Conservator	0	0	0	0	0	1	0	0	0			
11 % from Conservator	N/A	N/A	0%	N/A	N/A	100%	N/A	N/A	N/A			
13 # Advocate (Paid)	0	0	0	0	0	0	0	0	0			
14 % from Advocate (Paid)	N/A	N/A	0%	N/A	N/A	N/A	N/A	N/A	N/A			
15 # from PTP Interview	0	0	0	0	0	0	0	0	0			
16 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

Complaints by Source - Statewide Waiver	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
17 Total # of Complaints	3	12	6	6	7	2	5	5	15			
18 # from TennCare	0	0	0	0	0	0	0	0	0			
19 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
20 # from a Concerned Citizen	0	0	3	1	0	1	0	0	4			
21 % from a Concerned Citizen	N/A	N/A	50%	17%	N/A	50%	N/A	N/A	27%			
22 # from the Waiver Participant	1	0	0	0	1	0	0	0	0			
23 % from the Waiver Participant	33%	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A			
24 # from a Family Member	0	1	1	4	2	1	2	1	7			
25 % from a Family Member	N/A	8%	17%	67%	29%	50%	40%	20%	47%			
26 # from Conservator	1	11	2	1	0	0	3	4	4			
27 % from Conservator	33%	92%	33%	17%	N/A	N/A	60%	80%	27%			
28 # Advocate (Paid)	0	0	0	0	0	0	0	0	0			
29 % from Advocate (Paid)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
30 # from PTP Interview	1	0	0	0	4	0	0	0	0			
31 % from PTP Interview	33%	N/A	N/A	N/A	57%	N/A	N/A	N/A	N/A			

Complaints by Source - CAC	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
32 Total # of Complaints	1	2	6	2	3	5	5	17	0			
33 # from TennCare	0	0	0	0	0	0	0	0	0			
34 % from TennCare	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
35 # from a Concerned Citizen	0	1	2	2	0	1	1	0	0			
36 % from a Concerned Citizen	N/A	50%	33%	100%	N/A	20%	20%	N/A	N/A			
37 # from the Waiver Participant	0	0	1	0	0	0	1	0	0			
38 % from the Waiver Participant	N/A	N/A	17%	N/A	N/A	N/A	20%	N/A	N/A			
39 # from a Family Member	0	0	1	0	0	0	1	3	0			
40 % from a Family Member	N/A	N/A	17%	N/A	N/A	N/A	20%	18%	N/A			
41 # from Conservator	1	1	2	0	2	4	2	13	0			
42 % from Conservator	100%	50%	33%	N/A	67%	80%	40%	76%	N/A			
43 # Advocate (Paid)	0	0	0	0	1	0	0	0	0			
44 % from Advocate (Paid)	N/A	N/A	N/A	N/A	33%	N/A	N/A	N/A	N/A			
45 # from PTP Interview	0	0	0	0	0	0	0	1	0			
46 % from PTP Interview	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A			

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Complaints by Issue- Self Determination Waiver												
47 Total Number of Complaints	0	1	1	0	0	1	0	1	0			
48 # Behavior Issues	0	0	0	0	0	0	0	0	0			
49 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
50 # Day Service Issues	0	0	0	0	0	0	0	0	0			
51 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
52 # Environmental Issues	0	0	0	0	0	0	0	0	0			
53 % Environmental Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
54 # Financial Issues	0	0	0	0	0	0	0	0	0			
55 % Financial Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
56 # Health Issues	0	0	1	0	0	0	0	0	0			
57 % Health Issues	N/A	N/A	100%	N/A	N/A	N/A	N/A	N/A	N/A			
58 # Human Rights Issues	0	1	0	0	0	0	0	1	0			
59 % Human Rights Issues	N/A	100%	N/A	N/A	N/A	N/A	N/A	100%	N/A			
60 # ISC Issues	0	0	0	0	0	0	0	0	0			
61 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
62 # ISP Issues	0	0	0	0	0	0	0	0	0			
63 % ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
64 # Staffing Issues	0	0	0	0	0	1	0	0	0			
65 % Staffing Issues	N/A	N/A	N/A	N/A	N/A	100%	N/A	N/A	N/A			
66 # Therapy Issues	0	0	0	0	0	0	0	0	0			
67 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
68 # Transportation Issues	0	0	0	0	0	0	0	0	0			
69 % Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
70 # Case Management Issues	0	0	0	0	0	0	0	0	0			
71 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
72 # Other Issues	0	0	0	0	0	0	0	0	0			
73 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Complaints by Issue - Statewide Waiver												
74 Total Number of Complaints	3	12	6	6	7	2	5	5	15			
75 # Behavior Issues	0	0	0	0	0	0	0	0	0			
76 % Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
77 # Day Service Issues	0	0	0	0	0	1	0	0	0			
78 % Day Service Issues	N/A	N/A	N/A	N/A	N/A	50%	N/A	N/A	N/A			
79 # Environmental Issues	0	0	0	2	1	0	0	1	2			
80 % Environmental Issues	N/A	N/A	N/A	33%	14%	N/A	N/A	20%	13%			
81 # Financial Issues	0	3	1	1	0	0	2	0	4			
82 % Financial Issues	N/A	25%	17%	17%	N/A	N/A	40%	0%	27%			
83 # Health Issues	0	1	0	0	0	0	1	0	1			
84 % Health Issues	N/A	8%	N/A	N/A	N/A	N/A	20%	N/A	7%			
85 # Human Rights Issues	2	2	1	0	2	1	0	1	3			
86 % Human Rights Issues	67%	17%	17%	N/A	29%	50%	N/A	20%	20%			
87 # ISC Issues	0	0	0	0	0	0	0	0	0			
88 % ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
89 # ISP Issues	0	0	0	0	1	0	0	0	0			
90 % ISP Issues	N/A	N/A	N/A	N/A	14%	N/A	N/A	N/A	N/A			
91 # Staffing Issues	1	6	4	3	3	0	2	3	4			
92 % Staffing Issues	33%	50%	67%	50%	43%	N/A	40%	60%	27%			
93 # Therapy Issues	0	0	0	0	0	0	0	0	0			
94 % Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
95 # Transportation Issues	0	0	0	0	0	0	0	0	1			
96 % Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	7%			
97 # Case Management Issues	0	0	0	0	0	0	0	0	0			
98 % Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
99 # Other Issues	0	0	0	0	0	0	0	0	0			
100 % Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

Complaints by Issue - CAC		Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
101	Total Number of Complaints	1	2	6	2	3	5	5	17	0			
102	# Behavior Issues	0	0	0	0	0	0	1	0	0			
103	% Behavior Issues	N/A	N/A	N/A	N/A	N/A	N/A	20%	N/A	N/A			
104	# Day Service Issues	0	0	0	0	0	0	0	1	0			
105	% Day Service Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A			
106	# Environmental Issues	0	0	0	0	1	0	1	5	0			
107	% Environmental Issues	N/A	N/A	N/A	N/A	33%	N/A	20%	29%	N/A			
108	# Financial Issues	0	0	1	1	0	1	0	1	0			
109	% Financial Issues	N/A	N/A	17%	50%	N/A	20%	N/A	6%	N/A			
110	# Health Issues	0	0	1	0	0	0	1	2	0			
111	% Health Issues	N/A	N/A	17%	N/A	N/A	N/A	20%	12%	N/A			
112	# Human Rights Issues	0	0	3	0	0	0	1	1	0			
113	% Human Rights Issues	N/A	N/A	50%	N/A	N/A	N/A	20%	6%	N/A			
114	# ISC Issues	0	0	0	0	0	0	0	0	0			
115	% ISC Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
116	# ISP Issues	0	0	0	0	0	0	0	0	0			
117	% ISP Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
118	# Staffing Issues	1	2	1	1	2	4	1	6	0			
119	% Staffing Issues	100%	100%	17%	50%	67%	80%	20%	35%	N/A			
120	# Therapy Issues	0	0	0	0	1	0	0	0	0			
121	% Therapy Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
122	# Transportation Issues	0	0	0	0	1	0	0	1	0			
123	% Transportation Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6%	N/A			
124	# Case Management Issues	0	0	0	0	1	0	0	0	0			
125	% Case Management Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			
126	# Other Issues	0	0	0	0	1	0	0	0	0			
127	% Other Issues	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A			

Analysis:

CUSTOMER FOCUSED SERVICES ANALYSIS FOR March 2016 Report.

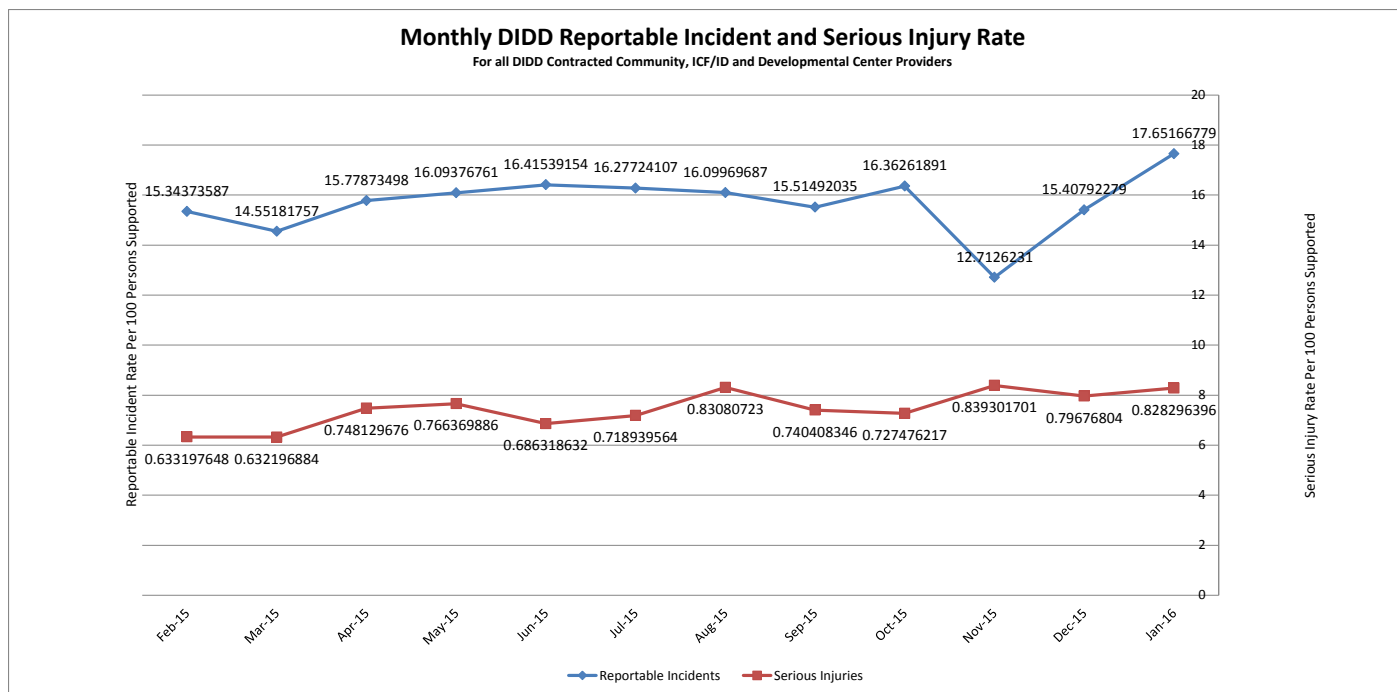
There were 15 complaint issues statewide. This is a decrease of 8 from previous month. There were ZERO SD Waiver complaints. There were ZERO CAC waiver complaints. There were 15 Statewide Waiver complaints. The issues were Financial, Human Rights and Staffing related. These issues were resolved without intervention meetings. There were 71 complaint issues between families, people we support and providers which required Advocacy intervention activities. This is a decrease of 8 from February 2016 .The most common intervention issues are resolved when there is a face to face meeting with all involved and solutions are sought in a person centered manner. All 15 complaints this month were resolved within 30 days for 100% compliance.

THE MAIN COMPLAINT ISSUES involved staffing, financial, transition and Human Rights issues. These complaints involved complainants being unhappy with providers who did not involve them in their decisions or untrained staff or poor levels of supervision. Most interventions were held due to ongoing communication issues between Conservators and Provider agencies. CFS also resolves issues that arise from the People Talking to People surveys.

FOCUS GROUPS WERE HELD IN KNOXVILLE, MEMPHIS, GREENEVILLE AND JACKSON PARTICIPATION NUMBERS ARE VERY HIGH IN ALL LOCATIONS. This month each group is working on PCP usage as well as self-advocacy and developing coping skills. There is great team building with providers, staff, regional office staff, Behavioral analysts, ISCs and a few family members

D Protection From Harm/Incident Management													
Data Source:													
The Incident Management information in this report is now based on the total D.I.D.D. Community Protection From Harm census, which is all D.I.D.D. service recipients in the community and all private ICF/MR service recipients who are currently required to report incidents to D.I.D.D.													
Through August 2009, only the West Region private ICF/MR providers were required to report. As of September 2009, the East Region ICF/MR providers were also required to report incidents to D.I.D.D., and the Middle Region ICF/MR providers started reporting to D.I.D.D. in February 2010.													
Incidents / East	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
1 # of Reportable Incidents	559	590	538	527	535	518	454	467	618				4806
2 Rate of Reportable Incidents per 100 people	17.13	18.05	16.4	16.07	16.34	15.75	13.81	14.26	18.82				16.3
3 # of Serious Injuries	25	25	30	34	24	27	29	32	29				255
4 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.76	0.91	1.04	0.73	0.82	0.88	0.98	0.88				0.9
5 # of Incidents that were Falls	31	37	31	34	24	38	33	33	25				286
6 Rate of Falls per 100 people	0.95	1.13	0.95	1.04	0.73	1.16	1	1.01	0.76				1.0
7 # of Falls resulting in serious injury	11	13	14	13	9	14	11	12	9				106
8 % of serious injuries due to falls	44.0%	52.0%	46.7%	38.2%	37.5%	51.9%	37.9%	37.5%	31.0%				41.9%
Incidents / Middle	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
15 # of Reportable Incidents	470	468	529	517	475	492	492	530	530				4503
16 Rate of Reportable Incidents per 100 people	14.83	14.67	16.58	16.21	14.84	15.37	15.34	16.57	16.55				15.7
17 # of Serious Injuries	25	18	25	32	22	21	22	23	26				214
18 Rate of Incidents that were Serious Injuries per 100 people	0.79	0.56	0.78	1.00	0.69	0.66	0.69	0.88	0.81				0.8
19 # of Incidents that were Falls	39	26	32	35	43	35	39	34	35				318
20 Rate of Falls per 100 people	1.23	0.82	1	1.10	1.34	1.09	1.22	1.06	1.09				1.1
## # of Falls resulting in serious injury	13	6	10	12	15	10	12	10	9				97
22 % of serious injuries due to falls	52.0%	33.3%	40.0%	37.5%	68.2%	47.6%	54.5%	35.7%	34.6%				44.8%
Incidents / West	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
29 # of Reportable Incidents	401	401	382	390	373	452	390	376	429				3594
30 Rate of Reportable Incidents per 100 people	16.43	16.50	15.71	16.00	15.30	18.52	15.98	15.43	17.53				16.4
31 # of Serious Injuries	18	18	9	13	20	17	24	11	19				149
33 Rate of Incidents that were Serious Injuries per 100 people	0.74	0.74	0.37	0.53	0.82	0.7	0.98	0.45	0.78				0.7
37 # of Incidents that were Falls	21	28	21	28	29	24	27	0.26	23				201.26
39 Rate of Falls per 100 people	0.86	1.15	0.86	1.15	1.19	0.98	1.11	1.07	0.94				1.0
40 # of Falls resulting in serious injury	8	8	6	1	9	7	12	4	9				64
41 % of serious injuries due to falls	44.4%	44.4%	66.7%	7.7%	45.0%	41.2%	50.0%	36.4%	47.4%				42.6%

D Protection From Harm/Incident Management													
Incidents / Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	YTD
44 # of Reportable Incidents	1430	1459	1449	1434	1383	1462	1336	1373	1577				12903
45 Rate of Reportable Incidents per 100 people	16.12	16.42	16.28	16.1	15.51	16.36	14.95	15.41	17.65				16.1
46 # of Serious Injuries	68	61	64	79	66	65	75	71	74				623
47 Rate of Incidents that were Serious Injuries per 100 people	0.77	0.69	0.72	0.89	0.74	0.73	0.84	0.8	0.83				0.8
48 # of Incidents that were Falls	91	91	84	97	96	97	99	93	83				831
49 Rate of Falls per 100 people	1.03	1.02	0.94	1.09	1.08	1.09	1.11	1.04	0.93				1.0
50 # of Falls resulting in serious injury	32	27	30	26	33	31	35	26	27				267
51 % of serious injuries due to falls	47.1%	44.3%	46.9%	32.9%	50.0%	47.7%	46.7%	36.6%	36.5%				43.2%



PFH Analysis: Incident Management

Chart: Monthly Rate: Reportable Incidents and Serious Injuries.

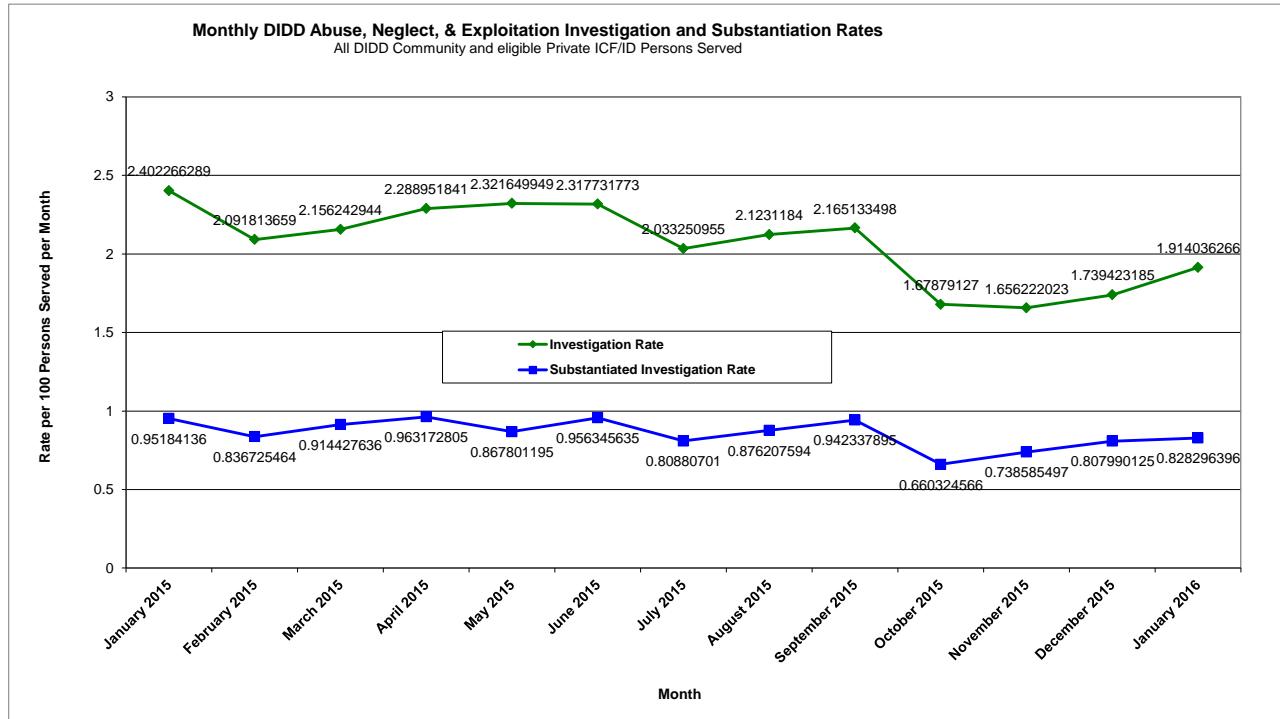
The monthly statewide rate of reportable incidents per 100 persons supported for February 2016 increased from 15.41 to 17.65. The rate of Serious Injury per 100 persons supported increased from 0.80 to 0.83. The rate of Falls per 100 persons supported decreased from 1.04 to 0.93. The number of Serious injuries due to Falls increased from 26 to 27. The percentage of Serious Injuries due to Falls was 36.5 %.

Conclusions and actions taken for the reporting period:

The rate of reportable incidents per 100 persons supported for March 2014 – February 2016 was reviewed for an increasing or decreasing trend. The average reportable incident rate for the preceding period, March 2014 – February 2015, was 15.02 reportable incidents per 100 persons supported. The average reportable incident rate for the more recent period, March 2015 – February 2016, is 15.68 per 100 persons supported. Analysis showed an increase of 0.66 in the average incident rate.

D Protection From Harm/Investigations

	East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	Census	3263	3268	3280	3280	3275	3288	3288	3275	3284			
2	# of Investigations	65	69	57	61	55	47	39	51	68			
3	Rate of Investigations per 100 people	1.99	2.11	1.74	1.86	1.68	1.43	1.19	1.56	2.07			
4	# of Substantiated Investigations	23	28	22	22	27	19	13	25	34			
5	Rate of Substantiated Investigations per 100 people	0.70	0.86	0.67	0.67	0.82	0.58	0.40	0.76	1.04			
6	Percentage of Investigations Substantiated	35%	41%	39%	36%	49%	40%	33%	49%	50%			
	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
7	Census	3170	3190	3191	3191	3201	3201	3202	3199	3203			
8	# of Investigations	78	67	64	71	64	54	61	51	52			
9	Rate of Investigations per 100 people	2.46	2.10	2.01	2.23	2.00	1.69	1.91	1.59	1.62			
10	# of Substantiated Investigations	30	28	28	31	33	25	32	27	26			
11	Rate of Substantiated Investigations per 100 people	0.95	0.88	0.88	0.97	1.03	0.78	1.00	0.84	0.81			
12	Percentage of Investigations Substantiated	38%	42%	44%	44%	52%	46%	52%	53%	50%			
	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
14	Census	2440	2430	2431	2431	2438	2441	2441	2437	2447			
15	# of Investigations	63	70	60	57	74	49	48	53	51			
16	Rate of Investigations per 100 people	2.58	2.88	2.47	2.34	3.04	2.01	1.97	2.17	2.08			
17	# of Substantiated Investigations	24	29	22	25	24	15	21	20	17			
18	Rate of Substantiated Investigations per 100 people	0.98	1.19	0.90	1.03	0.98	0.61	0.86	0.82	0.69			
19	Percentage of Investigations Substantiated	38%	41%	37%	44%	32%	31%	44%	38%	33%			
	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
20	Census	8873	8888	8902	8902	8914	8935	8936	8911	8934			
21	# of Investigations	206	206	181	189	193	150	148	155	171			
22	Rate of Investigations per 100 people	2.32	2.32	2.03	2.12	2.17	1.68	1.66	1.74	1.91			
23	# of Substantiated Investigations	77	85	72	78	84	59	66	72	77			
24	Rate of Substantiated Investigations per 100 people	0.87	0.96	0.81	0.88	0.94	0.66	0.74	0.81	0.86			
25	Percentage of Investigations Substantiated	37%	41%	40%	41%	44%	39%	45%	46%	45%			



D	Protection From Harm/Investigations
Analysis:	
<div> <div>PFH Analysis: Investigations</div> <div> <div>Chart: Monthly Rates: Investigations Opened/Substantiated</div> <div> <p>During the month of February, 2016, 171 investigations were completed across the State. Sixty-eight (68) of these originated in the East Region, fifty-two (52) in the Middle Region, and fifty-one (51) in the West Region.</p> <p>Statewide, investigations were opened at a rate of 1.91 investigations per 100 people served, which is a slight increase from the previous month. The East Region opened investigations at a rate of 2.07 investigations per 100 people served. The Middle Region opened investigations at a rate of 1 .62 investigations per 100 people served. The West Region opened investigations at a rate of 2.08 per 100 people served. The West Region opened investigations at a higher rate this month. Previously the West Region has consistently opened investigations at a higher rate.</p> <p>Seventy-seven (77), or 45%, of the 171 investigations opened statewide in February, 2016, were substantiated for abuse, neglect, or exploitation. This was a slight decrease compared to the prior reporting period, which was 46%. The West Region substantiated the lowest percentage of investigations 33% (17 s substantiated investigations), compared to the 50% substantiated in the East Region (34 substantiated investigations) and the 50% substantiated in the Middle Region (26 substan tiated investigations). The West Region had the lowest number of substantiated investigations in the previous reporting month, at 20.</p> <p>These substantiations reflect that the statewide rate of substantiated investigations per 100 people served was 0.86 during February, 2016. The East Region substantiated investigations at the highest rate per 100 substantiating 1.04 investigations per 100 people served. The East Region showed a slight increase from 0.76 to 1.04. The Middle Region substantiated investigations at a rate of 0.81 per 100 people served in its region. The Middle region showed a slight decreas e from 0.84 to 0.81. The West Region substantiated investigations at a rate of 0.69 per 100 people served in its region. The West Region showed a slight decrease from 0.82 to 0.69.</p> </div> </div> </div>	

E Due Process / Freedom of Choice													
Data Source:													
Each Regional Office Appeals Director collects data regarding Grier related appeals. The DIDD Central Office Grier Coordinator maintains the statewide database regarding the specifics of the Grier related appeals. The appeals/due process data will now be provided using a time lag of 30 days in order to capture closure of the appeals process.													
	East Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
1	SERVICE REQUESTS												
2	Total Service Requests Received	2667	2663	2620	2449	2539	2285	2625	2436	2689			
3	Total Adverse Actions (Incl. Partial Approvals)	67	76	75	52	54	67	71	65	74			
4	% of Service Requests Resulting in Adverse Actions	3%	3%	3%	2%	2%	3%	3%	3%	3%			
5	Total Grier denial letters issued	53	53	47	36	34	38	49	30	37			
6	APPEALS RECEIVED												
7	DELIVERY OF SERVICE												
8	Delay	0	0	0	1	1	0	0	0	0			
9	Termination	0	0	0	0	0	0	0	0	1			
10	Reduction	0	0	0	0	0	0	0	0	0			
11	Suspension	0	0	0	0	0	0	0	0	0			
12	Total Received	0	0	0	1	1	0	0	0	1			
13	DENIAL OF SERVICE												
14	Total Received	3	1	2	8	1	3	2	0	2			
7/30/2014	Total Grier Appeals Received	3	1	2	9	2	3	2	0	3			
16	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0			
17	Total appeals overturned upon reconsideration	0	0	0	0	0	0	0	0	0			
18	TOTAL HEARINGS	3	2	4	3	1	5	7	2	4			
19	DIRECTIVES												
20	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
21	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	0	0			
22	Other	0	0	0	0	0	0	1	0	0			
23	Total Directives Received	0	0	0	0	0	0	1	0	0			
24	Overturned Directives	0	0	0	0	0	0	0	0	0			
25	MCC Directives	0	0	0	0	0	0	0	0	0			
26	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
27	LATE RESPONSES												
28	Total Late Responses	0	0	0	0	0	0	0	0	0			
29	Total Days Late	0	0	0	0	0	0	0	0	0			
30	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0			
31	DEFECTIVE NOTICES												
32	Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
33	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
34	*fine amount is based on timely responses									0			
35	PROVISION OF SERVICES												
36	Delay of Service Notifications Sent (New)	0	0	3	2	0	0	0	0	4			
37	Continuing Delay Issues (Unresolved)	0	0	0	1	1	1	0	1	1			

38	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	0	4	0			
39	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$0	\$2,000	\$0			

	Middle Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
40	SERVICE REQUESTS												
41	Total Service Requests Received	2558	2217	2191	2084	2289	2617	2621	2731	2868			
42	Total Adverse Actions (Incl. Partial Approvals)	73	87	46	32	74	124	104	127	200			
43	% of Service Requests Resulting in Adverse Actions	3%	4%	2%	2%	3%	5%	4%	5%	7%			
44	Total Grier denial letters issued	46	63	40	34	32	41	41	31	58			
45	APPEALS RECEIVED												
46	DELIVERY OF SERVICE												
47	Delay	1	0	0	0	0	0	0	1	0			
48	Termination	0	0	0	0	0	0	0	0	0			
49	Reduction	0	0	0	0	0	0	0	0	0			
50	Suspension	0	0	0	0	0	0	0	0	0			
51	Total Received	1	0	0	0	0	0	0	1	0			
52	DENIAL OF SERVICE												
53	Total Received	8	3	0	2	1	1	2	3	6			
54	Total Grier Appeals Received	9	3	0	2	1	1	2	4	6			
55	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
56	Total appeals overturned upon reconsideration	0	2	0	0	0	0	0	0	3			
57													
58	TOTAL HEARINGS	0	2	1	1	1	2	1	3	3			
59	DIRECTIVES												
60	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
61	Directive due to ALJ Ruling in Recipient's Favor	0	0	0	0	0	0	0	1	0			
62	Other	0	0	0	0	0	0	0	0	0			
63	Total Directives Received	0	0	0	0	0	0	0	1	0			
64	Overturned Directives	0	0	0	0	0	0	0	0	0			
65	MCC Directives	0	0	0	0	0	0	0	0	0			
66	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
67	LATE RESPONSES												
68	Total Late Responses	0	0	0	0	0	0	0	0	0			
69	Total Days Late	0	0	0	0	0	0	0	0	0			
70	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
71	DEFECTIVE NOTICES												
72	Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
73	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
74	*fine amount is based on timely responses												
75	PROVISION OF SERVICES												
76	Delay of Service Notifications Sent (New)	0	0	0	0	0	0	2	1	0			
77	Continuing Delay Issues (Unresolved)	0	0	0	0	0	0	1	0	0			
78	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	11	1	0			
79	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$6,378	\$500	\$0			

	West Region	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
80	SERVICE REQUESTS												
81	Total Service Requests Received	2426	2327	2578	2183	2425	1780	1909	1690	2065			
82	Total Adverse Actions (Incl. Partial Approvals)	231	137	116	166	146	101	100	141	131			
83	% of Service Requests Resulting in Adverse Actions	10%	6%	5%	8%	6%	6%	5%	8%	6%			
84	Total Grier denial letters issued	125	117	105	115	96	91	85	63	107			
85	APPEALS RECEIVED												
86	DELIVERY OF SERVICE												
87	Delay	0	0	0	0	0	0	0	0	0			
88	Termination	0	0	0	0	0	0	0	0	0			
89	Reduction	0	0	0	0	0	0	0	0	0			
90	Suspension	0	0	0	0	0	0	0	0	0			
91	Total Received	0	0	0	0	0	0	0	0	0			
92	DENIAL OF SERVICE												
93	Total Received	10	12	11	5	7	7	9	3	2			
94	Total Grier Appeals Received	10	12	11	5	7	7	9	3	2			
95	Total Non-Grier Appeals Received	0	0	0	0	0	0	0	0	0			
96	Total appeals overturned upon reconsideration	3	4	5	4	3	1	6	3	1			
97	TOTAL HEARINGS	2	4	9	5	4	2	6	2	2			
98	DIRECTIVES												
99	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
100	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	0	0			
101	Other	0	0	2	0	0	0	0	0	0			
102	Total Directives Received	2	1	2	0	0	0	0	0	0			
103	Overturned Directives	0	0	0	0	0	0	0	0	0			
104	MCC Directives	0	0	0	0	0	0	0	0	0			
105	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
106	LATE RESPONSES												
107	Total Late Responses	0	0	0	0	0	0	0	0	0			
108	Total Days Late	0	0	0	0	0	0	0	0	0			
109	Total Fines Accrued (Estimated)	0	0	0	0	0	0	\$0.00	\$0.00	0			
110	DEFECTIVE NOTICES												
111	Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
112	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
113	*fine amount is based on timely responses												
114	PROVISION OF SERVICES												
115	Delay of Service Notifications Sent (New)	2	0	1	2	3	3	1	2	6			
116	Continuing Delay Issues (Unresolved)	1	3	2	2	2	4	4	2	3			
117	Total days service(s) not provided per TennCare ORR	0	0	0	0	0	0	0	0	0			
118	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			

	Statewide	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
119	SERVICE REQUESTS												
120	Total Service Requests Received	7651	7207	7389	6716	7253	6682	7155	6857	7622			
121	Total Adverse Actions (Incl. Partial Approvals)	371	300	237	250	274	292	275	333	405			
122	% of Service Requests Resulting in Adverse Actions	5%	4%	3%	4%	4%	4%	4%	5%	5%			
123	Total Grier denial letters issued	224	233	192	185	162	170	175	124	202			
124	APPEALS RECEIVED												
125	DELIVERY OF SERVICE												
126	Delay	1	0	0	1	1	0	0	1	0			
127	Termination	0	0	0	0	0	0	0	0	1			
128	Reduction	0	0	0	0	0	0	0	0	0			
129	Suspension	0	0	0	0	0	0	0	0	0			
130	Total Received	1	0	0	1	1	0	0	1	1			
131	DENIAL OF SERVICE												
132	Total Received	21	16	13	15	9	11	13	6	10			
133	Total Grier Appeals Received	22	16	13	16	10	11	13	7	11			
134	Total Non-Grier Appeals Received	1	0	0	2	0	1	0	0	0			
135	Total appeals overturned upon reconsideration	3	6	5	4	3	1	6	3	4			
136	TOTAL HEARINGS	5	6	10	6	6	9	14	7	9			
137	DIRECTIVES												
138	Directive Due to Notice Content Violation	0	0	0	0	0	0	0	0	0			
139	Directive due to ALJ Ruling in Recipient's Favor	2	1	0	0	0	0	0	1	0			
140	Other	0	0	2	0	0	0	1	0	0			
141	Total Directives Received	2	1	2	0	0	0	1	1	0			
142	Overturned Directives	0	0	0	0	0	0	0	0	0			
143	MCC Directives	0	0	0	0	0	0	0	0	0			
144	Cost Avoidance (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
145	Cost Avoidance (Total Month-Estimated)	\$0	\$0	\$68,345	\$106,892	\$65,179	\$2,187	\$7,391	\$47,584	\$331,794			
146	Cost Avoidance (FY 2016-Estimated)	\$1,011,891	\$1,011,891	\$97,672	\$204,563	\$269,743	\$271,929	\$279,321	\$326,905	\$658,698			
147	LATE RESPONSES												
148	Total Late Responses	0	0	0	0	0	0	0	0	0			
149	Total Days Late	0	0	0	0	0	0	0	0	0			
150	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0.00	0			
151	Total Defective Notices Received	0	0	0	0	0	0	0	0	0			
152	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0			
153	*fine amount is based on timely responses												
154	PROVISION OF SERVICES												
155	Delay of Service Notifications Sent (New)	2	0	4	4	3	3	3	3	10			
156	Continuing Delay Issues (Unresolved)	1	3	2	3	3	5	5	3	4			

157	Total days service(s) not provided per TennCare ORR	0	0	0	132	0	0	11	5	0			
158	Total Fines Accrued (Estimated)	\$0	\$0	\$0	\$102,635	\$0	\$0	\$6,378	\$2,500	\$0			

Appeals:

The DIDD received 11 appeals in February compared to 7 received in January which is a 57.1% increase in volume. Fiscal Year 2015 averaged 15.6 appeals received per month, indicating a 29.5% decrease in volume for the month of February based on this average.

The DIDD received 7622 service requests in February compared to 6857 for the previous month, which is an increase of 11.2% in volume. The average of service requests received during Fiscal Year 2015 was 7227 per month, indicating that February experienced a 5.5% increase in volume based on this average.

5% of service plans were denied statewide in February, which is the same as the previous month. The average of service plans denied per month during Fiscal Year 2015 was 4.3%.

Directives:

No directives were received statewide during this month.

Cost Avoidance:

February experienced a cost avoidance of \$331,793.74. Statewide, total cost avoidance is \$658,698.27 for this fiscal year.

Sanction/Fines:

There were no sanctioning/fining issues statewide during this month.

Delay of Service:

See above.

F Provider Qualifications / Monitoring (II.H., II.K.)

Data Source:

The information contained in this section comes from the Quality Assurance Teams. The numbers in each column represents the number of provider agencies that scored either substantial compliance, partial compliance, minimal compliance or non-compliance.

Day and Residential Provider		Statewide				Cumulative / Statewide			
1	# of Day and Residential Providers Monitored this Month	15				19			
2	Total Census of Providers Surveyed	434				484			
3	# of Sample Size	82				90			
4	% of Individuals Surveyed	19%				19%			
	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-Comp.%
7	Domain 2: Individual Planning and Implementation								
8	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	86%	13%	0%	0%	89%	10%	0%	0%
9	Outcome B. Services and supports are provided according to the person's plan.	60%	33%	6%	0%	57%	31%	10%	0%
11	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	66%	26%	6%	0%	63%	31%	5%	0%
12	Domain 3: Safety and Security								
13	Outcome A. Where the person lives and works is safe.	86%	13%	0%	0%	89%	10%	0%	0%
14	Outcome B. The person has a sanitary and comfortable living arrangement.	93%	6%	0%	0%	94%	5%	0%	0%
###	Outcome C. Safeguards are in place to protect the person from harm.	40%	53%	6%	0%	52%	42%	5%	0%
16	Domain 4: Rights, Respect and Dignity								
17	Outcome A. The person is valued, respected and treated with dignity.	93%	6%	0%	0%	94%	5%	0%	0%
19	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
20	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	84%	7%	7%	0%	70%	17%	11%	0%
21	Domain 5: Health								
22	Outcome A. The person has the best possible health.	73%	26%	0%	0%	78%	21%	0%	0%
23	Outcome B. The person takes medications as prescribed.	50%	50%	0%	0%	50%	50%	0%	0%
24	Outcome C. The person's dietary and nutritional needs are adequately met.	93%	6%	0%	0%	94%	5%	0%	0%
25	Domain 6: Choice and Decision-Making								
26	Outcome A. The person and family members are involved in decision-making at all levels of the system.	93%	6%	0%	0%	94%	5%	0%	0%
27	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
28	Domain 7: Relationships and Community Membership								
29	Outcome A. The person has relationships with individuals who are not paid to provide support.	100%	0%	0%	0%	100%	0%	0%	0%
30	Outcome B. The person is an active participant in community life rather than just being present.	100%	0%	0%	0%	100%	0%	0%	0%
32	Domain 8: Opportunities for Work								
33	Outcome A. The person has a meaningful job in the community.	100%	0%	0%	0%	100%	0%	0%	0%
34	Outcome B. The person's day service leads to community employment or meets his or her unique needs.	86%	13%	0%	0%	89%	10%	0%	0%
35	Domain 9: Provider Capabilities and Qualifications								
36	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	53%	33%	13%	0%	52%	36%	10%	0%
37	Outcome B. Provider staff are trained and meet job specific qualifications.	73%	26%	0%	0%	73%	26%	0%	0%

	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	73%			26%	73%			26%
38	Outcome C. Provider staff are adequately supported.	60%	33%	6%	0%	57%	36%	5%	0%
39	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	93%	6%	0%	0%	94%	5%	0%	0%
40	Domain 10: Administrative Authority and Financial Accountability								
41	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	46%	46%	6%	0%	47%	47%	5%	0%
42	Outcome B. People's personal funds are managed appropriately.	38%	46%	7%	7%	43%	43%	6%	6%

	Personal Assistance	Statewide				Cumulative / Statewide			
43	# of Personal Assistance Providers Monitored this Month	1				1			
44	Total Census of Providers Surveyed	1				1			
45	# of Sample Size	1				1			
46	% of Individuals Surveyed	100%				100%			
47	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
	Domain 2. Individual Planning and Implementation								
48	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	100%	0%	0%	0%	100%	0%	0%	0%
49	Outcome B. Services and supports are provided according to the person's plan.	100%	0%	0%	0%	100%	0%	0%	0%
50	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
51	Domain 3: Safety and Security								
52	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
53	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	0%	100%	0%	0%
54	Domain 4: Rights, Respect and Dignity								
55	Outcome A. The person is valued, respected and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
56	Outcome C. The person exercises his or her rights.	100%	0%	0%	0%	100%	0%	0%	0%
57	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
58	Domain 5: Health								
59	Outcome A. The person has the best possible health.	100%	0%	0%	0%	100%	0%	0%	0%
60	Outcome B. The person takes medications as prescribed.								
61	Outcome C. The person's dietary and nutritional needs are adequately met.	100%	0%	0%	0%	100%	0%	0%	0%
62	Domain 6: Choice and Decision-Making								
63	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
64	Outcome B. The person and family members have information and support to make choices about their lives.	100%	0%	0%	0%	100%	0%	0%	0%
65	Domain 9: Provider Capabilities and Qualifications								
66	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	100%	0%	0%	0%	100%	0%	0%	0%
67	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
68	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
69	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
70	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.	100%	0%	0%	0%	100%	0%	0%	0%
71	Domain 10: Administrative Authority and Financial Accountability								
72	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	0%	100%	0%	0%	0%	100%	0%	0%

I Provider Qualifications / Monitoring (II.H., II.K.)

ISC Providers		Statewide				Cumulative / Statewide			
73	# of ISC Providers Monitored this Month								
74	Total Census of Providers Surveyed								
75	# of Sample Size								
76	% of Individuals Surveyed								
77	# of Additional Focused Files Reviewed								
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- compliance %
78	Domain 1: Access and Eligibility								
79	Outcome A. The person and family members are knowledgeable about the HCBS waiver and other services, and have access to services and choice of available qualified providers.								
80	Domain 2: Individual Planning and Implementation								
81	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.								
82	Outcome B. Services and supports are provided according to the person's plan.								
83	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
84	Domain 3: Safety and Security								
85	Outcome A. Where the person lives and works is safe.								
86	Outcome B. The person has a sanitary and comfortable living arrangement.								
87	Outcome C. Safeguards are in place are in place to protect the person from harm.								
88	Domain 9: Provider Capabilities and Qualifications								
89	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
90	Outcome B. Provider staff are trained and meet job specific qualifications.								
91	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
92	Outcome C. Provider Staff are adequately supported.								
93	Outcome D. Organizations receive guidance from a representative board of directors or a community advisory board.								
94	Domain 10: Administrative Authority and Financial Accountability								
95	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

I Provider Qualifications / Monitoring (II.H., II.K.)									
	Clinical Providers- Behavioral	Statewide				Cumulative / Statewide			
96	# of Clinical Providers Monitored for the month	4				4			
97	Total Census of Providers Surveyed	225				225			
98	# of Sample Size	28				28			
99	% of Individuals Surveyed	12%				12%			
100	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non- Comp.%
101	Domain 2: Individual Planning and Implementation								
102	Outcome A. The person's plan reflects his or her unique needs, expressed preferences and decisions.	25%	25%	50%	0%	25%	25%	50%	0%
103	Outcome B. Services and supports are provided according to the person's plan.	50%	25%	25%	0%	50%	25%	25%	0%
104	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	25%	75%	0%	0%	25%	75%	0%	0%
105	Domain 3: Safety and Security								
106	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
107	Outcome C. Safeguards are in place to protect the person from harm.	75%	25%	0%	0%	75%	25%	0%	0%
108	Domain 4: Rights, Respect and Dignity								
109	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
110	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.	66%	0%	33%	0%	66%	0%	33%	0%
111	Domain 6: Choice and Decision-Making								
112	Outcome A. The person and family members are involved in decision-making at all levels of the system.	75%	25%	0%	0%	75%	25%	0%	0%
113	Domain 9: Provider Capabilities and Qualifications								
114	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	50%	0%	50%	0%	50%	0%	50%	0%
115	Outcome B. Provider staff are trained and meet job specific qualifications.	100%	0%	0%	0%	100%	0%	0%	0%
116	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	100%			0%	100%			0%
117	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
118	Domain 10: Administrative Authority and Financial Accountability								
119	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

Clinical Providers- Nursing		Statewide				Cumulative / Statewide			
120	# of Clinical Providers Monitored for the month								
121	Total Census of Providers Surveyed								
122	# of Sample Size								
123	% of Individuals Surveyed								
124	# of Additional Focused Files Reviewed								
		Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- Comp. %	Sub. Comp. %	Partial Comp. %	Min. Comp. %	Non- Comp. %
125	Domain 2: Individual Planning and Implementation								
126	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.								
127	Outcome B. Services and supports are provided according to the person's plan.								
128	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.								
129	Domain 3: Safety and Security								
130	Outcome A. Where the person lives and works is safe.								
131	Outcome C. Safeguards are in place to protect the person from harm.								
132	Domain 4: Rights, Respect and Dignity								
133	Outcome A. The person is valued, respected, and treated with dignity.								
134	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
135	Domain 5: Health								
136	Outcome A. The person has the best possible health.								
137	Outcome B. The person takes medications as prescribed.								
138	Outcome C. The person's dietary and nutritional needs are adequately met.								
139	Domain 6: Choice and Decision-Making								
140	Outcome A. The person and family members are involved in decision-making at all levels of the system.								
141	Domain 9: Provider Capabilities and Qualifications								
142	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.								
143	Outcome B. Provider staff are trained and meet job specific qualifications.								
144	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.								
145	Outcome C. Provider staff are adequately supported.								
146	Domain 10: Administrative Authority and Financial Accountability								
147	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.								

Clinical Providers- Therapy		Statewide				Cumulative / Statewide			
148	# of Clinical Providers Monitored for the month	1				1			
149	Total Census of Providers Surveyed	91				91			
150	# of Sample Size	8				8			
151	% of Individuals Surveyed	9%				9%			
152	# of Additional Focused Files Reviewed	0				0			
		Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %	Sub. Comp.%	Partial Comp.%	Min. Comp.%	Non-compliance %
153	Domain 2: Individual Planning and Implementation								
154	Outcome A. The person's plan reflects or her unique needs, expressed preferences and decisions.	0%	100%	0%	0%	0%	100%	0%	0%
155	Outcome B. Services and supports are provided according to the person's plan.	0%	100%	0%	0%	0%	100%	0%	0%
156	Outcome D. The person's plan and services are monitored for continued appropriateness and revised as needed.	100%	0%	0%	0%	100%	0%	0%	0%
157	Domain 3: Safety and Security								
158	Outcome A. Where the person lives and works is safe.	100%	0%	0%	0%	100%	0%	0%	0%
159	Outcome C. Safeguards are in place to protect the person from harm.	0%	100%	0%	0%	0%	100%	0%	0%
160	Domain 4: Rights, Respect and Dignity								
161	Outcome A. The person is valued, respected, and treated with dignity.	100%	0%	0%	0%	100%	0%	0%	0%
162	Outcome D. Rights restrictions and restricted interventions are imposed only with due process.								
163	Domain 6: Choice and Decision-Making								
164	Outcome A. The person and family members are involved in decision-making at all levels of the system.	100%	0%	0%	0%	100%	0%	0%	0%
165	Domain 9: Provider Capabilities and Qualifications								
166	Outcome A. The provider meets and maintains compliance with applicable licensure and provider agreement requirements.	0%	100%	0%	0%	0%	100%	0%	0%
167	Outcome B. Provider staff are trained and meet job specific qualifications.	0%	100%	0%	0%	0%	100%	0%	0%
168	Indicator 9.B.2.: Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.	0%			100%	0%			100%
169	Outcome C. Provider staff are adequately supported.	100%	0%	0%	0%	100%	0%	0%	0%
170	Domain 10: Administrative Authority and Financial Accountability								
171	Outcome A. Providers are accountable for DIDD requirements related to the services and supports that they provide.	100%	0%	0%	0%	100%	0%	0%	0%

QA Summary for QM Report (thru 2/2016 data)**Performance Overview- Calendar Year 2016 Cumulative:**

Performance Level	Statewide	Day-Residential	Personal Assistance	Support Coordination	Behavioral	Nursing	Therapy
Exceptional Performance	17%	16%	N/A	N/A	29%	N/A	N/A
Proficient	50%	49%	100%	N/A	43%	N/A	100%
Fair	31%	32%	N/A	N/A	28%	N/A	50%
Significant Concerns	2%	3%	N/A	N/A	N/A	N/A	N/A
Serious Deficiencies	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total # of Providers	42	31	2	N/A	7	N/A	2

Day / Residential Providers:

Analysis: Note- Statewide and Cumulative / Statewide data in the table above sometimes exceed or are just below 100% due to the numerical rounding functions during calculations.

Providers reviewed: : East- Community Options, Douglas Cooperative, Greene County Skills, Scott Appalachian Industries; Middle- Cumberland Community Options, James Center, Joey's Yacht Club, Prospect, Support Solutions of the Mid-South; West- Clara Butler Nursing and Personal Care Services, Evergreen Presbyterian Ministries, Freedom Co-op. East Region:

Community Options, Inc.: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance.

- Compared to their 2015 survey results, this is a 4-point increase in compliance (46-fair in 2015). This increase in compliance was specific to improvements observed in Domains 2 (PC-SC) and 10 (MC-SC). Also, it was noted that Domain 3 decreased from a SC to a PC in 2016.

The provider should focus efforts to ensure the following:

- Trends in medication variances are analyzed and prevention strategies are implemented based on findings.
- Reportable incidents are reviewed to determine trends and prevention/corrective strategies are developed and implemented based on findings.
- Information obtained from self-assessment activities are reviewed and utilized to develop and implement an internal quality improvement process to increase compliance.
- Staff have received appropriate training and, as needed, focused on additional training to meet the needs of the person.
- Input has been solicited from people supported and their families / conservators regarding how agency supports are planned and provided.

Personal funds were reviewed. Of the 4 accounts reviewed, 0 contained issues.

- There will be a forthcoming sanction letter regarding New Hire Staff Training.
- The agency had recoupments identified during its 2014 and 2015 QA surveys. Recoupments were not identified during the 2016 survey.

Our Home Place, Inc.: This was a consultative survey.

The provider should focus efforts to ensure the following:

- A process for reviewing and monitoring the implementation of the plan and progress toward desired goals is in place.
- Employees are screened to ensure that known abusers are not hired.
- A system/procedure to document complaints when they occur is developed.
- The comprehensive record contains current physician's orders.
- PRN orders include defined parameters.
- Documentation of certification for staff members administering medications is found in personnel records.
- The development of supports and mentoring for employment staff is promoted.
- Individuals are educated about employment opportunities available to them in their community.
- There are supports to promote opportunities for having meaningful day activities.
- Appropriate records relating to the person are maintained.

Scott Appalachian Industries, Inc.: The 2016 QA survey resulted in the agency receiving a score of 46. This places them in the Fair range of performance.

- Compared to their 2014 survey results, this is a 4-point decrease in compliance (50-proficient in 2014). This decrease in compliance was specific to issues identified in Domains 2 (SC-PC) 4 (SC-PC) and 9 (SC-PC). It is noted that Domain 10 increased from a PC to SC in 2016.

The provider should focus efforts to ensure the following:

- Risk Issues Identification Tools are completed according to DIDD requirements.
- Staff are knowledgeable about the person's plan.
- Provision of services and supports is documented in accordance with the plan.
- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- Incidents are reported as required by DIDD.
- Rights restrictions and restricted interventions are reviewed and/or approved in accordance with DIDD requirements.
- An ongoing monitoring process is implemented to assure that the person's dietary and nutritional needs are adequately met.
- An effective self-assessment process is utilized to monitor the quality and effectiveness of the supports and services that are provided.
- A quality improvement planning process is developed to address the findings of all self-assessment activities.

Personal funds were reviewed. Of the 3 accounts reviewed, 1 contained issues.

The provider should focus efforts to ensure the following:

- Bank signatures cards contain the name of the person who signs checks.
- Receipts are maintained as required.
- Money management skills, including requirements and/or limitations for personal spending are identified in the ISP.

Greene County Skills, Inc.: The 2016 QA survey resulted in the agency receiving a score of 50. This places them in the Proficient range of performance. This is the same score that they received in 2014.

The provider should focus efforts to ensure the following:

- The ISC is informed of emerging risk issues or other indicators of need for revision to the individual plan.
- Trends in medication variances are analyzed and prevention strategies are implemented to address findings.
- Medication administration records are appropriately maintained.
- Services are provided and billed for in accordance with DIDD requirements.
- The agency received a recoupment letter in the amount of \$4321.20 on April 4, 2016. The recoupment was assigned due to a lack of documentation regarding billable Facility Based (FB) Day, Community Based (CB) Day, In Home (IH) Day and Supported Employment services during the review period.
- There was a sanction-warning letter sent to the agency on April 1, 2016 in regard to no ISP was found in a residential record.

Personal funds were reviewed. Of the 12 accounts reviewed, 0 contained issues.

Douglas Cooperative The 2016 QA survey resulted in the agency receiving a score of 52. This places them in the Exceptional range of performance.

- Compared to their 2015 survey results, this is an 8-point increase in compliance (44-fair in 2015). This increase in compliance was specific to improvements observed in Domains 2 (PC-SC) 5 (MC-SC) and 9 (PC-SC). Also, it was noted that Domain 10 remained at partial compliance across both surveys.

Personal funds were reviewed. Of the 6 accounts reviewed, 1 contained issues.

Recoupments related to the billing of incorrect services (CB instead of FB Day ; and Supported Employment instead of FB Day) were identified during the survey. The agency received a letter (4/5/2016) indicating a referral had been made to Risk Management for these billing issues.

The provider should focus efforts to ensure the following:

- Sources of deposits are documented in the financial record.
- Receipts are maintained as required.
- Logs are maintained as required.

Middle Region:

Joey's Yacht Club- Scored 42 Fair on the 2016 QA Survey.

Scored 44 Fair on the 2015 QA Survey.

- Domains 3 and 5 had decreases in the past year, Domain 10 increased.
- Domain 3 - The agency scored Minimal Compliance in Outcome 3.C.
- A Special Needs Adjustment was approved for a second staff to clean while the individual was in the community. From the lack of cleanliness and odor in the home, this was not occurring.
- OIG checks were not completed for 3/3 staff
- One incident of staff misconduct was reported. No evidence of this being addressed or resolved was documented.
- Medication Variance trending was performed but did not reflect the numerous medication administration errors.
- Incident Management meetings were not completed per requirements. An exception was not in place.
- Domain 5 - Scored Minimal Compliance due to significant medication administration issues which included:
 - a current physician's order for sliding scale insulin was not in the home,
 - 497 incidents where medications were not administered as ordered,
 - too much insulin, too little insulin, staff also reported that they are dialing in the insulin amount on the auto injector pen
 - failure to follow physician's orders when blood glucose levels were above 350 or below 70,
 - no documentation of blood glucose levels.
 - one ointment that had been discontinued was still being applied
 - one staff person administered medications without certification
 - expired medications were still in the medication box
 - an individual continues to be non-compliant with the ADA dietary guidelines
- Domain 9 - Training was 0% for the Director who was providing/billing for direct care. A sanction warning was issued.
- Domain 10 - No billing issues were identified.
- Personal Funds- The agency does not serve as representative payee.

Cumberland Community Options- Scored 40 Fair on the QA Survey. Scored 50 Proficient on the 2015 QA Survey.

- Domains 2, 5, 9 and 10 had decreases in the past year.
- Domain 2 – Issues were identified with residential notes and community/employment notes documenting conflicting information.
- Domain 3 – Medication Variance trending did not reflect medication administration issues.
- Personnel was 100% for the one new employee.
- Domain 5 – Scored Minimal Compliance due to significant medication administration issues which included:
 - physician orders not in the home,
 - medications not administered as ordered,
 - numerous unidentified medication administration errors and
 - medication not stored securely.
- Domain 9 – All four of the homes reviewed were missing supervisory visits.
- Training was 100% for the one new employee.
- Domain 10 – Scored Minimal Compliance due to billing issues for the individuals reviewed across all services (\$12,600). Recoupment occurred.
- Personal Funds- For two of the four individuals reviewed, small personal funds management issues were noted due to the lack of receipts and paying for a medical expense covered by insurance.

James Developmental- Scored 48 Proficient on the QA Survey.

Scored 52 Exceptional on the 2015 QA Survey.

- Domains 3 and 5 had decreases in the past year.
- Domain 3 – Two incidents were not reported per requirements.
- Personnel was 100% for the two new employees.
- Domain 5 – issues included:
 - A self-administration plan was not in place for one person who self-administers,
 - information was not presented to the prescribing practitioner of psychotropic medications, a prn psychotropic medication was administered without parameters.
- Domain 9 – No issues.
- Training was 100% for the two new employees.
- Domain 10 – A billing issue was identified for one individual reviewed when he was absent. Recoupment occurred.
- Personal Funds- For three of the four individuals reviewed, small personal funds management issues were noted due to the lack of receipts however receipts were located by the agency. Only one repayment occurred.
- A repeat issue with the agency holding workshop earnings was again noted with 3/3 individuals
- One account had more than the allowable limit in the bank for a period of four months

Reaching Visions Today- Scored 38 Fair on the QA Survey

Scored 50 Proficient on the 2015 QA Survey

- Domains 2, 3, 4, 5, 9 and 10 had decreases in the past year
- Domain 2 – Issues included:
 - Risk Issues Identification Tools not being completed timely,
 - residential and community/employment notes not present for one month for two individuals.
 - Monthly reviews were verbatim for one individual and issues with an ISP were not communicated to the ISC.
- Domain 3 – Issues included:
 - Scored Minimal Compliance due to Reportable Incident forms not being completed,
 - notification not occurring of Reportable Incidents,
 - investigations not being addressed by the Incident Management Committee,
 - no evidence of required retraining
 - no evidence of a process to review and resolve Reportable Staff Misconduct cases
 - There was a 24 hour delay with the presentation of Incident Review Committee information after requested. Upon review there were eight meetings that occurred on the weekend. Management staff interviewed during the survey had no recollection of the committee ever meeting on the weekend.
- Personnel checks were completed too early for one of the four new employees reviewed. A sanction will occur.
- Domain 4 – Reviews by the HRC had not occurred for increases of medications or food being locked.
- Domain 5 – Issues were identified with staff administering medications during a lapse in medication administration certification.

- Training was completed timely with the exception of Medication Administration training. A sanction will occur.
- Domain 10 – Scored Minimal Compliance due to billing issues for the individuals reviewed across day and residential services. A referral to Risk Management is requested.
- Personal Funds- For four of the four individuals reviewed, personal funds management issues were noted due to the lack of maintenance of receipts, late fees being assessed, maintenance fees and paying a companion with no record of the purchases made.

Prospect: Scored 44 Fair on the 2016 QA Survey. Scored 50 Proficient on the 2015 QA Survey.

- Domains 3, 4, and 5 had decreases in the past year.
- Domain 3 – Issues were noted where needed repairs were not resolved for several months and two incidents of under reporting were identified.
- There were no issues with personnel.
- Domain 4 – Several issues were noted in which informed consents were not obtained and/or renewed prior to the administration of psychotropic medications.
- Domain 5 – Issues included:
 - Scored Minimal Compliance due to physicians orders not being followed at the Medical Residential home including residual checks not being documented,
 - tube feedings not held when the residual was too high
 - lack of documentation of vital signs
 - numerous medication administration issues were identified including medications not being started timely,
 - medications not being administered for several months due to renewal issues,
 - and seizure medications not administered per physician's orders.
 - Several medications did not have clear dosage parameters, and
 - administrations and/or discontinuance of a medication did not correspond to the physician's orders.
- There were no issues with training.
- Domain 10 – No issues with billing were identified for the 11 individuals reviewed. However, one person reviewed was admitted to MTMHI and Supported Living was billed for one day. Recoupment occurred.

Personal Funds Management – For two of the four people reviewed small personal funds management issues were identified due to lack of maintenance of receipts and utilization of hand written receipts

Support Solutions of the Mid-South: Scored 38 Significant Concerns on the 2016 QA Survey, due to the requirement that each Domain be at least Minimal Compliance to score Fair. Scored 46 Fair on the 2015 QA Survey.

- Domain 2 scored Non Compliance (this is down from Partial Compliance in 2015).
 - Issues were identified with Risk Tools being completed in a timely manner, methods used to assess reliability in the annual updates not identified, and Behavior Support Plans not including attention to all required areas.
 - Other issues were noted due to untimely implementation of the treatment plan, insufficient evidence noted for the underutilization of behavioral analyst services (repeat issue), and the Intensive Behavioral Respite Service.
 - One ISP was not available in a home. A sanction warning was issued.
 - Staff were unfamiliar with BSP strategies and implementation of the BSP.
 - There is no process for monitoring ISPs and BSPs.
 - Conflicting information documented in the Clinical Service Monthly Reviews (repeat issue).
 - Issues were identified and the ISC was not notified (repeat issue).
- Domain 3 scored Partial Compliance (same as 2015).
 - Improvement was noted with the Personnel Checks for all employees.
- Domain 4 scored Partial Compliance (same as 2015).
 - A decrease from Partial Compliance in 4.D. to Non Compliance was noted.
 - Issues include the agency not obtaining consents for psychotropic medications, restrictions, or protective equipment. HRC recommendations were not followed, and/or incorporated into the BSP, and a restricted intervention was approved by the HRC.
- Domain 5 scored Minimal Compliance (Substantial Compliance in 2015).
 - Issues included physical and dental examinations and Tardive Dyskinesia screenings not being completed as recommended, specialty consults and additional assessments not completed, and behavioral information not presented to the prescribing practitioner.
 - Issues were also identified for Medication Administration, due to medications being unavailable for administration, orders not being transcribed on the MAR after a hospital visit, and medications not being administered without explanations.
 - One staff administered medication with a lapsed certificate.
- Domain 10 scored Partial Compliance (same as 2015)
 - Billing issues were noted due to billing for Supported Living when the individual was hospitalized, lack of second staff for Supported Living Individual Level 6 services, billing while the individual was on a home visit, billing for Behavior Analyst services without documentation, and billing for CB Day without documentation to support six hours of community activity (repeat issue). *A referral to Risk Management occurred since the agency is already on the referral list.*
 - 10.B. Scored Minimal Compliance (decreased from Partial Compliance in 2015)

Issues were identified for four of the four individuals reviewed due to the lack of maintenance of receipts, bank fees assessed, duplicate payment of one bill, payment for pest control, and late fees assessed.

West Region:

Evergreen Presbyterian Ministries – Residential/Day provider scored 50 of 54/Proficient on the QA survey exited 3/11/16.

- The agency was a 3-star Provider in 2015 and scored 50 of 54/Proficient in 2014.
- The agency needs to ensure:
 - OIG checks for new hires are completed timely (a sanction warning for new staff personnel practices was sent 3/28/16);
 - Informed consent for, and Human Rights Committee review of the use of, psychotropic medications are completed timely;
 - Training for new and tenured staff is completed timely (a sanction warning for new staff training was sent 3/28/16);
 - Only services with adequate supporting documentation are billed; and
 - People's personal funds are managed appropriately.
- Outcome 10A (billing) scored PC; issues related to billing Day services without evidence of the provision of a full unit of service were noted. A letter of recoupment of \$1,261.65 was sent 3/28/16.

Outcome 10B, personal funds management, scored MC:

- One person's personal allowance account was greater than \$400 the entire survey period;
- Food stamps were erroneously cancelled for people receiving Family Model Residential services; reimbursement for funds lost due to agency negligence has been requested; and
- For some people, copies of insurance policies, leases, and personal property inventories were not available for review.

Freedom Co-op – Day/PA provider scored 54 of 54/Exceptional Performance on the QA survey exited 3/10/16.

- The agency scored 54 of 54/Exceptional Performance in 2015.
- No Indicator was scored "no". Personnel and training both scored 100% for timely completion of all items reviewed for both new and tenured staff.
- Outcome 10A (billing) scored SC with no billing issues identified.
- Outcome 10B, personal funds management, was not applicable as neither the provider agency nor any paid staff is involved in management of the persons funds.

Clara Butler Nursing and Personal Care Services – Residential/Day provider scored 50 of 54/Proficient on the QA survey exited 3/11/16.

- The agency was a 3-Star Provider in 2015 and scored 50 of 54/Proficient in 2014.
- The agency needs to ensure:
 - Documentation of vehicle inspections per agency policy is maintained;
 - New hire background checks and checks of required registries are completed timely (a sanction warning for new staff personnel requirements was sent 4/4/16);
 - Training for new and tenured staff is completed fully and timely (a sanction warning for new staff training was sent 4/4/16);
 - A minimum of 3 unannounced visits monthly are completed to supervise staff in each home where residential services are provided; and
 - Supervision of the LPNs by the RN is clearly documented in the frequency required by agency policy.
- Outcome 10A (billing) scored SC. A letter of recoupment of \$7.13 was sent 4/4/16.
- Outcome 10B, personal funds management, scored SC. Reimbursement is needed for 3 people due primarily to missing utility bills and allowance money not signed for.

Personal Assistance: East- no reviews; Middle- no reviews; West- ARC of the Mid-South.

West Region:

Arc of the Mid-South – Personal Assistance provider scored 52 of 54/Proficient on the QA survey exited 3/3/16.

- The agency was a 4-star Provider in 2015 and scored 52 of 54/Exceptional Performance in 2014.
- The agency needs to ensure:
 - The Incident Review Committee meets per the required frequency; and
 - Staff complete required training timely (a sanction warning for new staff training was sent 3/28/16).
- Outcome 10A (billing) scored SC; isolated billing issues were identified for three of six people in the core survey sample. A letter of recoupment of \$678.05 was sent 3/28/16.
- Outcome 10B, personal funds management, was not applicable as neither the provider agency nor any paid staff is involved in management of the persons funds

ISC Providers: no reviews.

Clinical Providers: Nursing-Behavioral-Therapies

Behavioral Providers Providers reviewed: East- Allied Behavioral Services; Middle- no reviews; West- Behavioral Outreach Services, Irfa Karmali.

East Region:

Allied Behavioral Services, Inc.: The 2016 QA survey resulted in the agency receiving a score of 36. This places them in the Exceptional range of performance. Compared to their 2014 survey results, this is a 2-point increase in compliance (34-Proficient in 2014). This increase in compliance was specific to improvements noted in Domain 2 (PC-SC).

West Region:

Irfa Karmali – Independent provider of Behavior services scored 32 of 36/Proficient on the QA survey exited 3/14/16.

- Dr. Karmali was a 3-Star Provider in 2014 and 2015.
- The agency needs to ensure:
 - BSARs, BSPs, CSMRs and CSQRs meet the administrative and clinical quality criteria included in the DIDD Behavior Services Work Product Review; and
 - The provider's process for quality improvement planning should be strengthened to self-identify the issues identified during the review regarding its clinical work products.
- Outcome 10A (billing) scored SC; no billing issues were identified during the months reviewed.

Behavioral Outreach Services – Behavior provider scored 32 of 36/Proficient on the QA survey exited 3/30/16.

- Compared to their 2015 survey results, this is a 2-point decrease in compliance (34-Proficient in 2015) related to issues identified in Domains 9 (SC-PC).
- The agency needs to ensure:
 - BSARs, Annual Updates, BSPs, CSMRs and CSQRs meet the clinical quality criteria included in the DIDD Behavior Services Work Product Review; and
 - The quality improvement planning process is reviewed and revised as indicated to improve the quality of the provider's work products.

Outcome 10A (billing) scored SC; isolated issues were noted in billing. A letter of recoupment of \$331.40 is pending.

Nursing Providers:

Providers reviewed: East- no reviews; Middle- no reviews; West- no reviews.

Therapy Providers:

Providers reviewed East- no reviews; Middle- no reviews; West- Rebuild Rehabilitation.

West Region:

Rebuild Rehabilitation – Independent provider of Occupational Therapy scored 30 of 36/Fair on the QA survey exited 3/30/16.

- Compared to their 2015 survey results, this is a 2-point decrease in compliance (32-Proficient in 2015) related to issues identified in Domain 2 (PC-MC).
- The agency needs to ensure:
 - Clinical assessments meet DIDD requirements;
 - OT Plans of Care contain goals that are consistently functional and measurable and are drawn from assessment results;
 - Services are provided timely as authorized;
 - All authorized service units are accounted for in clinical documentation;
 - Monthly progress notes are complete and timely;
 - A back-up staffing plan or agreement is in place; and
 - The providers' processes for self-assessment and quality improvement planning monitor and improve the quality and effectiveness of the provider's supports and services.
- Outcome 10A (billing) scored SC; isolated issues were noted in billing. A letter of recoupment of \$434.90 is pending.

Follow-up on actions taken:

All survey findings are reported to the RQMC for review and determination of actions to be taken. RQMC recommendations are then reviewed by the SQMC for final approval.

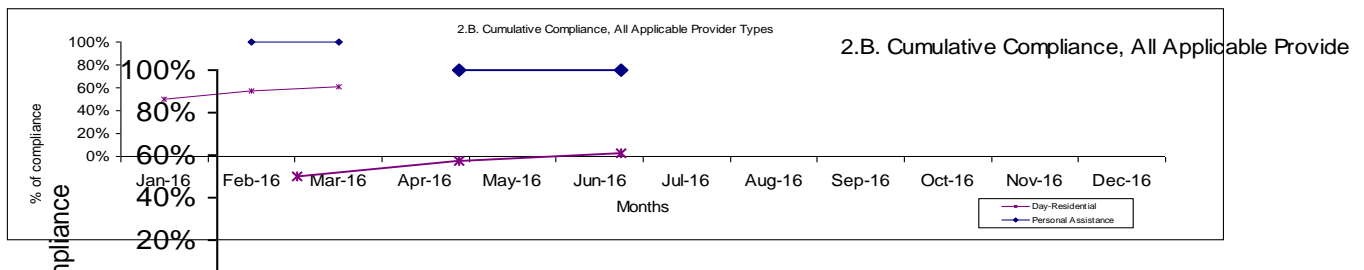
Special Reviews

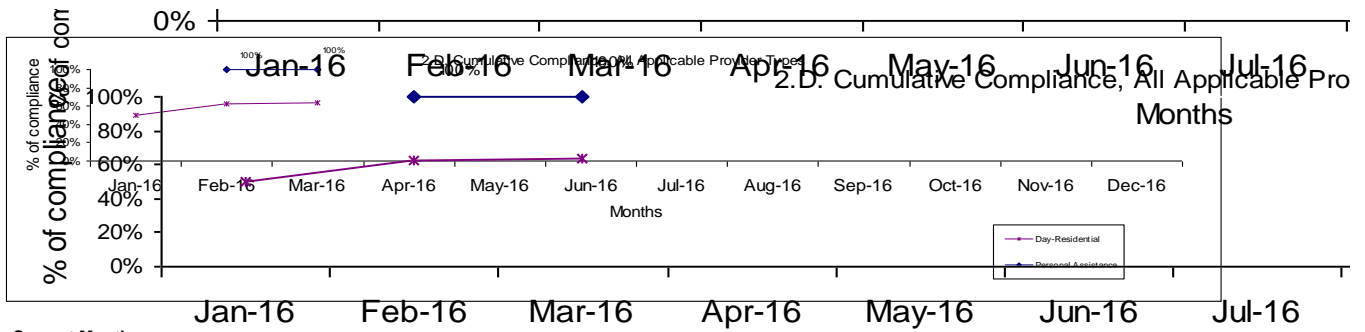
Current Month:

Domain 2, Outcome B (Services and Supports are provided according to the person's plan.)

Domain 2, Outcome D (The person's plan and services are monitored for continued appropriateness and revised as needed.)

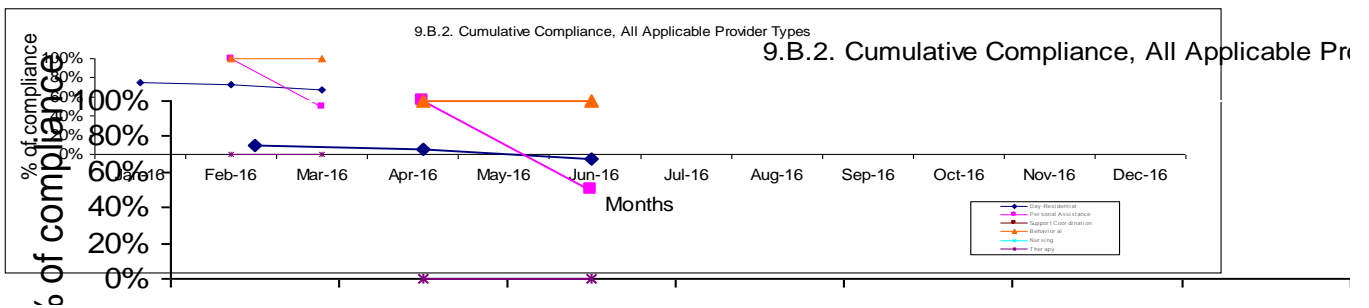
Provider Type	2.B. % of Providers in Compliance	2.D. % of Providers in Compliance
Day-Residential	66%	66%
Personal Assistance	100%	100%





9.B.2. (Provider staff have received appropriate training and, as needed, focused or additional training to meet the needs of the person.)

Provider Type	% of Providers in Compliance
Day-Residential	58%
Personal Assistance	0%
Support Coordination	N/A
Behavioral	100%
Nursing	N/A
Therapy	N/A



F Provider Qualifications / Monitoring (II.H., II.K.) Personal Funds

Data Source:

Data collected for the personal funds information is garnered from the annual QA survey. The number of Individual Personal Funds reviewed is based on the sample size for each survey, approximately 10%.

	Personal Funds - East	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
1	# of Individual Personal Funds Accounts Reviewed	5	14	25									
2	# of Individual Personal Funds Accounts Fully Accounted For	4	7	23									
3	# of Personal Funds Accounts Found Deficient	1	7	2									
4	% of Personal Funds Fully Accounted for	80%	50%	92%									
5	% of Personal Funds Found Deficient	20%	50%	8%									

	Personal Funds - Middle	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
6	# of Individual Personal Funds Accounts Reviewed		18	27									
7	# of Individual Personal Funds Accounts Fully Accounted For		12	23									
8	# of Personal Funds Accounts Found Deficient		6	4									
9	% of Personal Funds Fully Accounted for		67%	85%									
	% of Personal Funds Found Deficient		33%	15%									

	Personal Funds - West	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
11	# of Individual Personal Funds Accounts Reviewed		12	6									
12	# of Individual Personal Funds Accounts Fully Accounted For		12	4									
13	# of Personal Funds Accounts Found Deficient		0	2									
14	% of Personal Funds Fully Accounted for		100%	67%									
15	% of Personal Funds Found Deficient		0%	33%									

	Personal Funds - Statewide	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
16	# of Individual Personal Funds Accounts Reviewed		44	58									
17	# of Individual Personal Funds Accounts Fully Accounted For		31	50									
18	# of Personal Funds Accounts Found Deficient		13	8									
19	% of Personal Funds Fully Accounted for		70%	86%									
20	% of Personal Funds Found Deficient		30%	14%									

	Cumulative Funds Data	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16
21	# of Individual Personal Funds Accounts Reviewed		50	108									
22	# of Individual Personal Funds Accounts Fully Accounted For		36	86									
23	# of Personal Funds Accounts Found Deficient		14	22									
24	% Funds Accounted for, Cumulatively		72%	80%									
25	% Funds Deficient, Cumulatively		28%	20%									

Region	% of Personal Funds Fully Accounted For
East	92%
Middle	85%
West	67%
Statewide	86%

